

STATE WATER RESOURCES CONTROL BOARD

DIVISION OF WATER RIGHTS

SUPPLEMENTAL STATEMENT OF WATER DIVERSION AND USE

(This is not a Water Right)

This statement should be typewritten or legibly written in ink.

A. Name of person diverting water Smith Family Trust, Duane & Beverly Smith Trustees
 Address P.O. Box 587 Somerset, CA 95684 Telephone: _____

B. Name of body of water at point of diversion North Fork Cosumnes River
 Tributary to Cosumnes River

C. Place of diversion SE 1/4 SW 1/4 Section 5, Township T9N, Range 12E, MD B&M,
El Dorado County, or locate it on sketch of section grid on reverse side with regard to section
 lines or prominent local landmarks.

D. Name of works None

→ E. Capacity of diversion works _____ cubic feet per second
 _____ gallons per minute
 Capacity of storage reservoir N/A _____ gallons
 _____ acre-feet
 State quantity of water used each month in gallons or acre-feet

Year	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total Annual
1992					✓	✓	✓	✓	✓	✓			

If monthly and annual use are not known, check months in which water was used. State extent of use in
 units, such as acres of each crop irrigated, average number of persons served, number of stock watered, etc.

Irrigation of 3 acres of lawn & pasture area

Maximum annual water use in recent years 2 AFA _____ gallons
 _____ acre-feet

Minimum annual water use in recent years .52 AFA _____ gallons
 _____ acre-feet

Type of diversion facility: gravity _____, pump X

Method of measurement: weir _____, flume _____, electric power meter _____, water meter _____, estimate _____

F. Purpose of use (what water is being used for) Irrigation of pasture and lawn
area, approximately 3 acres

G. General description or location of place of use (use sketch of section grid on reverse side if you desire)
SE 1/4 of SW 1/4 of Section 5, T9N, R12E, MDB&M

H. Year of first use as nearly as known 1975

I. Name of person filing statement Duane Smith

Position Trustee Organization _____

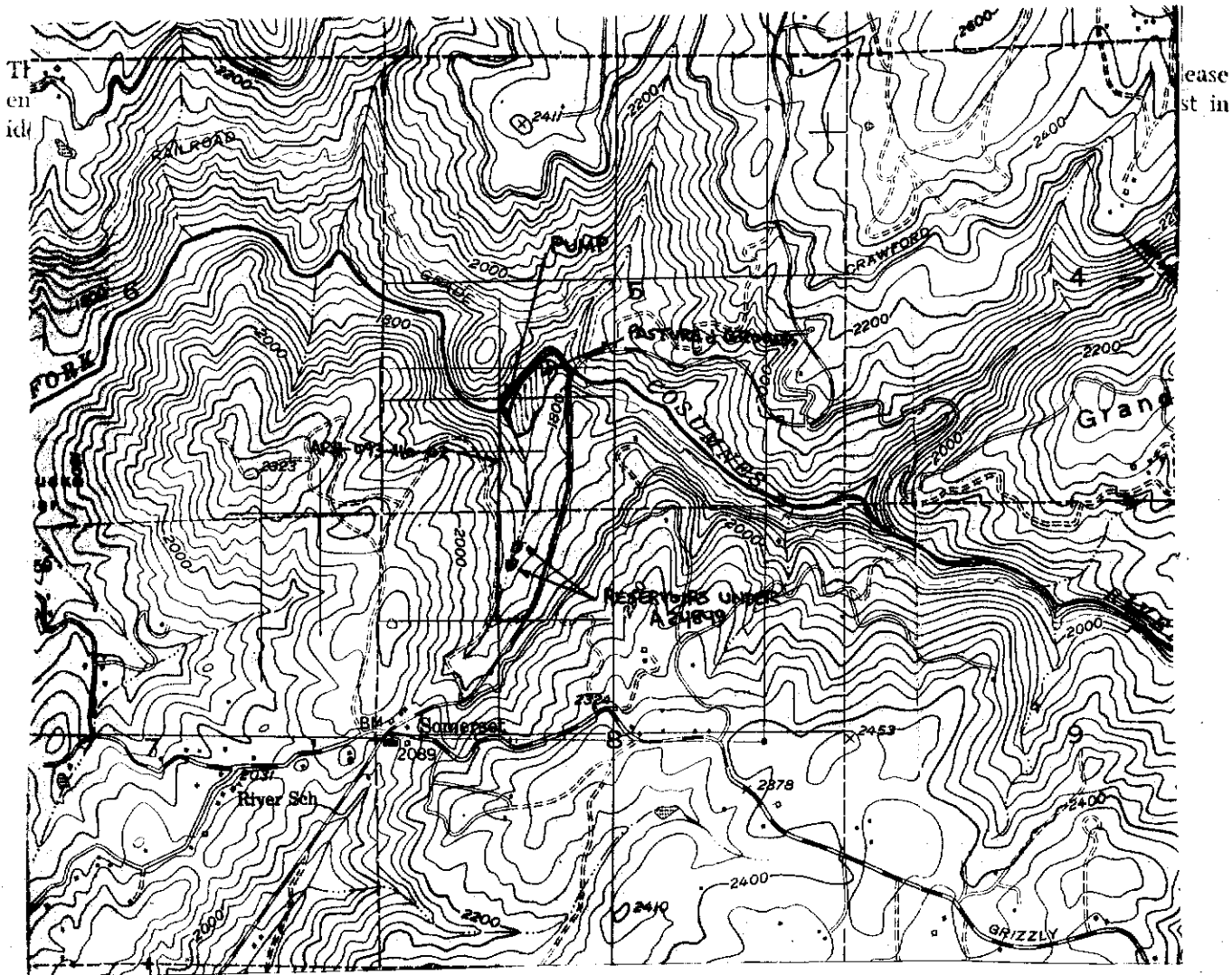
Address P.O. Box 587 Somerset, CA 95684 Telephone: (916)-626-7955

I declare under penalty of perjury that the above is true and correct to the best of my knowledge and belief.

DATED: 10-22-93, 19 _____, at Somerset, California.

X Signature: Duane R. Smith

See Instructions on Reverse Side



Section(s) 5

Township 9N ; Range 12E ; MD B&M

INSTRUCTIONS:

A separate statement should be filed for each point of diversion.

A duplicate copy will be returned for your file.

Please send the completed statement to: STATE WATER RESOURCES CONTROL BOARD

Division of Water Rights
P. O. Box 2000
Sacramento, CA 95810

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